

**STATE OF WISCONSIN
ELECTIONS COMMISSION**

COMPLAINT FORM

Please provide the following information about yourself:

Name Shawn Bula
Address 386 County Road M Grand Marsh, WI 53936
Telephone Number 6085480290
E-mail bula9696@yahoo.com

**State of Wisconsin
Before the Elections Commission**

The Complaint of Shawn Bula
_____, Complainant(s) against
Adams Friendship Area School District, Respondent, whose
address is 201 W 6th Street Friendship, WI 53934.

This complaint is under ^{WI State Statute 8.21 WI Adm Code EL 6.02(2)}_____. (Insert the applicable sections of law in chs. 5 to 10 and 12 and other laws relating to elections and election campaigns, other than laws relating to campaign financing)

I, Shawn Bula, allege that:

In preparation for my candidacy for Adams Friendship Area Schools (AFASD) school board,
I was requested and given a candidate packet by AFASD Administrative Assistant, Nicole Smith.
It wasn't until after the packet was completed and it returned it was determined that the
Declaration of Candidacy form provided in the packet was incorrect. Receiving the incorrect
Declaration of Candidacy created an unreasonable barrier to my ballot access and I am
requesting my name on the ballot as a remedy to this barrier created by the AFASD and the
AFASD School Board Clerk.

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: 01/27/2023

[Signature]
Complainant's Signature

I, Shawn Bula, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

[Signature]
Complainant's Signature

STATE OF WISCONSIN

County of Adams,
(county of notarization)

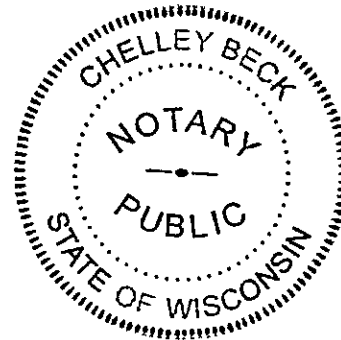
Sworn to before me this 27th day of

January, 20 23.

[Signature]
(Signature of person authorized to administer oaths)

My commission expires 4-2-2023 or is permanent.

Notary Public or _____
(official title if not notary)



Please send this completed form to:

Mail: Wisconsin Elections Commission
P.O. Box 7984
Madison, WI 53707-7984

Fax: (608) 267-0500

Email: elections@wi.gov